

Exhibit 1

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

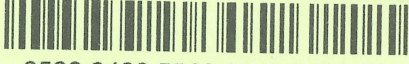
CERTIFIED MAIL
JUN 08 2021
Postmark Here
THE UPS STORE 3423

E984 464T 2000 062T 0202

Certified Mail Fee	\$ 3.60	(7.00)
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 5.70	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$ 1.60	(3.60)
Total Postage and Fees	\$	16.50

Sent To
Thomas J. Vilsack, Sec. of Agriculture
Street and Apt. No., or PO Box No.
1400 Independence Ave SW
City, State, ZIP+4®
Washington, DC 20250

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature X <i>C. Hantke</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		B. Received by (Printed Name) <i>OES</i>	C. Date of Delivery <i>6-8-21</i>
1. Article Addressed to: <i>Thomas J. Vilsack Secretary of Agriculture 1400 Independence Ave. SW Washington, DC 20250</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 5563 9249 0273 01		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery (00)	
2. Article Number (Transfer from service label) 7020 1290 0002 1494 4863			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	